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ř	Effective on 12/08/2004.			Complete if Known							
γ,	Effective on 12/ ees pursuant to the Consolidated App	Application Number 10/523479									
FEE TRANSMITTAL			Filing Date		9/16/2005						
		First Named Inventor		Moran							
L	For FY	2009		Examiner Name		D.A. Montana	ri				
	x Applicant claims small entity s	status. See 37 CFR 1.:	27	Art Unit		1632					
TOTAL AMOUNT OF PAYMENT (\$) 245				Attorney Docket	No.	110313.138US2					
I	METHOD OF PAYMENT (che	ck all that apply)		***							
	Check Credit Card	Money Order	No	ne Other	(please identi	fy):					
	X Deposit Account Deposit Account	unt Number: 0	80219	Deposit	Account Nam	e:					
	For the above-identified de	eposit account, the l	Director is	s hereby authorize	ed to: (che	ck all that apply)	•				
l	x Charge fee(s) indica	ted below		Charg	e fee(s) in	dicated below, e	xcept for th	ne filing fee			
	Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17										
	EE CALCULATION										
1.	BASIC FILING, SEARCH, AND	EXAMINATION FE	EES								
l		FILING FEES	SE	ARCH FEES	EXAMII	NATION FEES					
4	Application Type Fee	Small Entity (\$) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	Paid (\$)			
1 .		30 165	540		220	110					
	Design 22	20 110	100	50	140	70					
	_	20 110	330		170	85					
	Reissue 33	30 165	540	270	650	325					
	Provisional 22	20 110	0	0	0	0					
2	EXCESS CLAIM FEES							Small Entity			
E	ee Description						Fee (\$)	Fee (\$)			
	ach claim over 20 (including Re		52	26							
	ach independent claim over 3 (in	ncluding Reissues)					220	110			
ı	fultiple dependent claims						390	195			
1	Total Claims			ee Pald (\$)	_	Multiple Depend					
7	- or HP = HP = highest number of total claims paid			ee (\$)	Fee Paid (\$						
ي	dep. Claims							_			
-	- or HP = HP = highest number of independent cla	ims paid for, if greater th	an 3.								
3.	APPLICATION SIZE FEE										
]	If the specification and drawings listings under 37 CFR 1.52(e))), the application si	ze fee di	ie is \$270 (\$135 f	onically fi for small e	iled sequence or entity) for each a	computer dditional 50) .			
	sheets or fraction thereof. Se Total Sheets Extra Sh	Fee I	Paid (\$)								
	- 100 =			dditional 50 or frag (round up to a who			=				
4.	OTHER FEE(S) Non-English Specification, \$	130 fee (no small e	ntity dies	ount)			Fees	Paid (\$)			
	Other (e.g., late filing surcharg		-	xtension of Time	е		\$	245			
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SUBMITTED BY							
Signature	Andw Feller	Registration No. (Attorney/Agent)	64,929	Telephone	(212) 230-8800		
Name (Print/Type) Andrew Zoltan					8/19/2010		